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ABSTRACT

This report on the fourth year of Colorado's participation in Part H of the Individuals with Disabilities Education Act describes major accomplishments in preparing for full implementation of Part H in Year 5. Accomplishments in the following areas are discussed: state definition of developmental delay, central directory, timetables for serving all eligible children, public awareness program, comprehensive child find system, evaluation and assessment, individualized family service plans, comprehensive system of personnel development, personnel standards, procedural safeguards, supervision and monitoring of programs, responsibilities of lead agency, and data collection. The report also describes sources of fiscal and other support for the early intervention system, interagency agreements, and use of Part H funds. Appendices provide charts showing allocation of resources and the text of a memorandum of understanding among the Colorado Departments of Health, Institutions, Social Services, and Education. (JDD)

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ANNUAL PERFORMANCE REPORT

PART H of the Individuals with Disabilities Education Act

IDEA

For Infants, Toddlers, and Their Families

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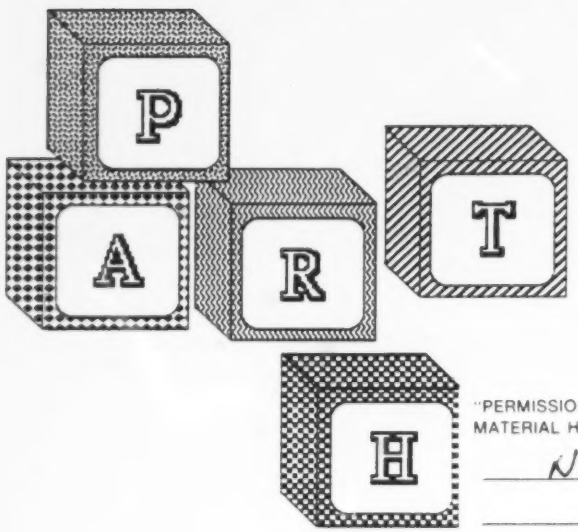
Year IV (1990-1992)



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COLORADO INTERAGENCY COORDINATING COUNCIL

July 1992

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ANNUAL PERFORMANCE REPORT

PART H of the Individuals with Disabilities Education Act
IDEA
For Infants, Toddlers and Their Families

Year IV (1990-1992)

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DESCRIPTION OF ACTIVITIES

RELATED TO COMPONENTS OF

COLORADO'S STATEWIDE SYSTEM OF SERVICES AND SUPPORTS

Under the auspices of YEAR IV of participation in Part H of the Individuals with Disabilities Education Act (IDEA), the Colorado Interagency Coordinating Council (CICC) continued to provide leadership for Colorado's numerous current initiatives to improve and coordinate services for children with disabilities and their families. Spurred by the strong values and policy statements developed by the CICC in YEARS I-III, and adopted by all state agencies, Colorado is shifting its service delivery system to one that encompasses -- at both the state and local levels -- the following attributes:

* values-oriented planning with extensive family involvement;
* interagency coordination and cooperation;
* coordinated financing for needed services;
* identification and use of natural supports; and
* development of community-based networks of family-friendly services and supports.

The Colorado Interagency Coordinating Council (CICC) operated during Year IV of Part H participation under an extended time period that encompassed two sessions (September - May) of meetings. The CICC met as a full council six times during the 1990-91 session and seven times during the 1991-92 session to set and implement policy, recommend procedures, and advise Colorado's lead agency for Part H, the Colorado Department of Education (CDE).

In addition, smaller groups of council members, organized as Technical Assistance Groups (TAGS), Think Tanks, and Subcommittees, met scores of times to work out many of the complex details related to Colorado's participation in Part H. Subgroups reported regularly in writing and in person to the CICC, which acted on their recommendations at the bimonthly meetings of the full council.

To expedite rapid decision-making and coordination with other state initiatives, an Executive Committee, comprising the two co-chairs and four elected members of the Council, met at least biweekly by telephone conference call or in person to act on behalf of the Council.

Major accomplishments of Year IV included establishing a structure for supporting community development for the infant/toddler early intervention system, supports and services for community development, funding of community interagency efforts throughout the state, development of external and internal monitoring and evaluation procedures for communities with interagency initiatives, establishing a community development model to help all communities in the state meet the needs of families with young children with disabilities, and expansion of the interagency agreement for Part H at the state level to include delineation of programmatic and fiscal responsibilities for participating agencies (Departments of Health, Institutions, Social Services, and Education). These and other accomplishments for subparts D through F of Part H of the IDEA are summarized below.

1. STATE DEFINITION OF DEVELOPMENTAL DELAY (303.300)

The definition of developmental delay and the eligibility criteria for services and supports approved in Year III were retained unchanged. Because the CICC recognizes the need to investigate populations of children who may be *at risk* for developmental delay, the Lead Agency has been authorized to conduct studies for use in periodic reviews of the definition and eligibility criteria. In addition, the CICC commissioned two studies in 1991 to estimate the number of children that will become eligible under the existing definition and eligibility criteria.

The first report (*A Short Report on Estimating the Incidence of Infants and Toddlers in Colorado with Significant Developmental Delays*, completed January 1, 1991) was preliminary and suggested the need for a more in-depth survey, which was completed on May 21, 1991, by Dr. Linda O. Ikle (*An Estimate of the Number of Children Eligible for Services Under the Eligibility Definition Developed by the Colorado Interagency Coordinating Council*). These data have provided guidance to the CICC in preparing for full implementation of Part H in Year V.

2. CENTRAL DIRECTORY (303.301)

An on-going and frequently updated central resource (*Colorado Early Childhood Resource Directory*) was developed in Year III as the Central Directory of Family Supports for Colorado. Maintained as a computer data base by DIRS (Disability Information and Referral Service), it is printed in hard copy no less frequently than annually.

3. TIMETABLES FOR SERVING ALL ELIGIBLE CHILDREN (303.302)

The CICC and Colorado Department of Education have developed a five-year plan that specifies when various early intervention services will be available to infants

and toddlers and their families and that assures that all eligible children will be served by a coordinated, interagency statewide system in Colorado.

4. PUBLIC AWARENESS PROGRAM (303.320)

The intensive public awareness campaign begun in Year III was continued in Year IV, with many activities coordinated with various other initiatives in the state. A diagram of Lead Agency Early Childhood Initiatives and a second diagram showing linkage of Lead Agency initiatives with those of other agencies and the Governor's Office are presented in Appendix A. Initiatives and other activities of the CICC and Lead Agency included:

- Faculty Institute for Training (JFK Center for Developmental Disabilities)
- Commission on Families and Children (The Governor's Office)
- Family Centers Project (The Governor's Office)
- Colorado 2000 (The Governor's Office)
- First Impressions (The Governor's Office and the First Lady of Colorado)
- Statewide Preschool Advisory Council
- Child Find Project
- Colorado Division of Early Childhood
- Published *Baby Care Special* newsletter (sent to child care providers statewide)
- Publicized and distributed the two training video tapes developed in Year III, one on family-centered case management (*Taking Charge: Family-Centered Case Management*) and on the development of the IFSP (*Creating a Vision: The IFSP*)
- Publicized CICC values through the many activities associated with the extensive community development process conducted in Year IV
- Began work on developing an informational video for families that promotes parents as full partners in decision-making when seeking services and supports from agencies and that explains their rights under methods of dispute resolution (i.e., mediation, administrative resolution, and civil litigation)

- Shared Colorado's successful model at the National Association of Clinical Infant Programs in Washington, DC, on December 6 by presenting "Ingredients for Successful Systems Change: Enhancing Skills at the Local Level, Involving Parents and Professionals in Policy Development"

5. COMPREHENSIVE CHILD FIND SYSTEM (303.321)

The child identification system developed for Colorado under IDEA is a proactive, on-going, and easily accessible process that is sensitive to the integrity of the family. The process is a collaborative, community directed, interagency effort to locate, evaluate, and identify infants and toddlers with special needs and to assist families in accessing community resources and early intervention services and supports. CDE and CICC activities during YEAR IV included:

- Monitoring the performance of four pilot projects begun in Year III that designed coordinated, interagency based model systems for their communities

- Continuing to sponsor an annual collaborative Child Find Conference; participants included CICC members, Child Find Coordinators, Community Centered Boards' staff, Public Health Nurses and Handicapped Children's Program staff.

6. EVALUATION AND ASSESSMENT (303.322)

The Lead Agency (Colorado Department of Education) ensures the availability of a timely, comprehensive, multidisciplinary evaluation of: (1) the capacity (strengths and needs) of each infant and toddler who may be eligible as determined by the State definition, and (2) the strengths and needs of their families. The Lead Agency ensures that the requirements of the evaluation and assessment process are implemented by all affected public agencies that provide early intervention services in Colorado.

The diagnostic evaluation determines eligibility of the infant/toddler for services and supports. Program assessment determines the functioning of the infant/toddler in terms of his or her specific capacities, to identify strengths and needs of families, and to assist in planning for interventions and supports. The diagnostic evaluation and program assessment process will respect the unique development nature and characteristics of the infant, include the active participation of parents and other significant caregivers, be sensitive to cultural and ethnic differences, and use appropriate assessment procedures and instruments.

7. INDIVIDUALIZED FAMILY SERVICE PLANS (IFSPs)

The Lead Agency (CDE) and the CICC assure that policies and procedures regarding IFSPs have been disseminated throughout the state. The very successful training video (*Creating A Vision: The IFSP*) developed during YEAR III has been distributed widely to spread the family-centered values of the CICC, to educate service providers, and to encourage and empower families.

The IFSP is a process for assisting a family to develop a written plan for providing early intervention services and supports to a child eligible under Part H and the child's family. The purpose of the IFSP process is to identify and organize the formal and informal community resources that can facilitate achievement of a family's goals for their child and themselves. The IFSP process is designed to be flexible, family-focused and nonintrusive for families. The IFSP process reflects a variety of services for the family and supports, enables, and empowers families to use appropriate local community resources.

Part H recognizes the unique and critical role that parents play in the development of the IFSP process. The intent is for families to play an active, collaborative role in the planning and provision of early intervention services. Participants to be present at IFSP meetings will be determined in consultation with the parents and according to roles that must be represented. Procedures will be implemented so that information can be shared in a meaningful and nonintimidating manner. At IFSP meetings, participants can be represented and the information they wish to share can be presented in a variety of ways: written reports, audio or video tapes, or by a designee who may represent no more than one role other than his/her own at the IFSP meeting. Participants unable to attend IFSP meetings will be involved through telephone conference calls, attendance by authorized representatives or receipt of pertinent records of the meetings. This Colorado model supports procedures that allow for the sharing of records of meetings. It also supports procedures that allow for the sharing of information gathered throughout the screening and diagnostic evaluation process; therefore, the IFSP meeting can be an informal, intimate meeting among appropriate members of the interdisciplinary team and the parents.

8. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (303.360)

Colorado's personnel development system will reflect the values base of the CICC as stated below:

The Colorado Interagency Coordinating Council believes that personnel preparation policies, procedures, and standards should be based on content ant methodologies that reflect the underlying values of a family-focused, community based, interagency and interdisciplinary system of services and supports for infants and toddlers and their families. Pre-service training and in-service training practices must be

relevant and competency based and must address personnel needs at multiple training levels.

A Personnel Preparation TAG (Technical Assistance Group) met frequently during Year IV to assist the CICC in identifying training issues and coordinating efforts within the state. The TAG's goals and objectives are:

- Coordinate early intervention training grants to enhance capacity of trainings
- Pursue grant applications for a long-term project through Innovative Programs (Early Childhood Institute)
- Utilize current resources to develop and conduct a pilot workshop about interagency and interdisciplinary models for pre-service and in-service providers
- Coordinate with other groups involved with developing standards and competencies for early intervention service and support providers
- Assist the Lead Agency in developing a planning matrix for priority training areas, which include child identification, conflict resolution, cultural competence, family interaction skills, preschool developmentally appropriate practice, service coordination, natural supports, financing, transition, procedural safeguards, parent professional collaboration, and IFSP development
- Survey institutions of higher learning about their current practices and their future directions for training

9. PERSONNEL STANDARDS (303.361)

Colorado has a policy to ensure that:

- All personnel necessary to carry out the purposes of Part H are qualified
- All personnel have an opportunity for in-service training
- All public and private institutions of higher education and other agencies (including parent and other advocacy organizations) that have an interest in preparation of personnel for services for eligible infants and toddlers and their families have an opportunity to participate fully in the development, review, and annual updating of the comprehensive system of personnel development

- Significant information and promising practices are acquired, reviewed, and disseminated
- Promising practices and materials proven effective through research and demonstration are adopted when appropriate

- Technical assistance is provided to local service providers in their implementation of the state's comprehensive system of personnel development

10. PROCEDURAL SAFEGUARDS (subpart E)

The Lead Agency for Part H (CDE) ensures that there exists:

- Effective implementation of safeguards by each public agency that is involved in the provision of early intervention services under Part H

- Effective implementation through interagency agreements, training, and interagency monitoring

Specifically, in Year IV, a "Think Tank" met often to revise our Procedural Safeguards to (1) weave the CICC values base throughout the document and (2) make the document more understandable for families. To insure that dispute resolution is minimally confrontational, the document stresses mediation as an effective avenue for resolving differences, subject to the following guidelines:

- Participation in mediation by parents and agency representatives is voluntary.

- Mediation does not replace the formal administrative remedies and legal processes for complaints should the family wish to exercise that option any time during or after the mediation. Mediation may occur prior to or concurrent with a request for administrative resolution.

- Mediation is available at no cost to the family, to the local ICC nor to local public or private agencies. The Lead Agency shall assume the cost for mediation.

11. SUPERVISION AND MONITORING OF PROGRAMS (303.501)

The Colorado Department of Education adopts and uses proper methods of administering each program, including: (1) monitoring of agencies, institutions, and organizations receiving Part H funds, (2) enforcing any obligations imposed on those agencies under Part H of the Act and these regulations, (3) providing technical assistance to those agencies, institutions, organizations, and (4) correcting deficiencies that are identified through monitoring.

As the Lead Agency designated by the Governor to coordinate the State's planning and implementation of the Part H program, the Colorado Department of Education has developed an innovative strategy to address the complex nature of monitoring requirements, the Community Infant Services Review (CISR). The CISR involves a peer consultation model that addresses an entire community's responses to meeting the needs of eligible infants and toddlers and their families, rather than pursuing a single agency focus.

Over the past two years, the CISR has been conducted in seven communities, representing approximately 50 percent of Colorado's population. Eight additional communities are planned to undergo the CISR, which would mean that 92 percent of Colorado's population will have been evaluated by this process. A CISR takes approximately ten weeks to complete from initial data gathering to presenting a final report to the community.

The CISR process does the following:

- Provides a monitoring tool for the CICC and Lead Agency regarding the status and quality of a community's interagency efforts toward implementing Part H
- Stimulates the opportunity for positive change in communities which have experienced a CISR
- Stimulates an increase in local interagency activity, even prior to the actual CISR
- Provides a forum for families to communicate their experiences and expectations of their community's infant services system (through the parent focus groups)
- Models parent/professional partnerships to the host community and to members of the evaluation team because the CISR team is composed of parents and professionals from outside the targeted community
- Promotes sharing of ideas and strategies among communities because the CISR team comes from a community other than the host community
- Exposes many professionals to the values of the CICC by involving them for the first time in Part H activities
- Increases parental involvement and empowerment because the project coordinators and community coordinators are parents

Future plans call for CISR and C-TASC to work together to develop a guide to assist communities to assess themselves. This will be especially useful for smaller

communities (comprising 8 percent of Colorado's population scattered throughout 36 counties) that are not included in the 15 major communities covered by current or future CISRs.

12. RESPONSIBILITIES OF LEAD AGENCY (subpart F)

Administrative responsibilities of the lead agency included developing procedures for: (1) resolving complaints, (2) providing payment for services to eligible children and their families, (3) resolving individual disputes, (4) developing interagency agreements, and (5) contracting or arranging for services.

These procedures have been developed and are being evaluated and revised when appropriate as they are implemented in Colorado.

13. DATA COLLECTION (303.540)

The Colorado Department of Education assures that procedures have been established within the state for compiling data about the statewide system of services and supports, including processes for: (1) collecting data from various agencies and (2) analyzing data to enhance development and implementation of the Colorado Infants and Toddlers Program.

Specifically, Colorado is developing, with help from consultant Robert Sheehan, a method for extracting previously computerized information from diverse computer systems within and across human service agencies to generate an unduplicated count of children and families receiving services under Part H. In such a "front-end" system, the extracted data are standardized, reduced in quantity of records and quantity of data elements to those with Part H relevance, and put into one common reporting system. Key elements of this system are (1) the generation of a common code for identifying duplicate records of service recipients (children) within and between agencies and (2) the ability to extract (and aggregate) relevant information from each of the duplicated records before generating a single record per child.

This system of data extraction and consolidation is part of a larger Information Management System that will also:

- Remind agencies of follow-along needs
- Identify the kinds of services infants or toddlers and their families are accessing
- Sort the kinds of information that are being obtained
- Transfer, with informed parental consent, information

- Coordinate human and health services information
- Identify the kinds of services available/not available

Contributing data to this front-end system are the following agencies:

1. Colorado Department of Health, Division of Family and Community Health Services
2. Colorado Department of Social Services, Information Resource Management Division
3. Colorado Department of Institutions, Division for Developmental Disabilities
4. Colorado Department of Education
5. Private agencies using Co-Track
6. Private agencies using paper records

SOURCES OF FISCAL AND OTHER SUPPORT FOR THE EARLY INTERVENTION SYSTEM OF SERVICES

In 1989, the CICC commissioned an *Analysis of Fiscal Resources in Colorado for Implementation of P.L. 99-457*, which was prepared by Dr. Marsha Gould and submitted to the CICC in June 1990. The findings, summarized in our YEAR III Performance Report, are still guiding the CICC's development of a coordinated statewide system of supports and services for young children with disabilities and their families, that are effective, efficient, and family friendly. (See Appendix A from Year III Performance Report for details).

In early 1991, the CICC benefited from consultation and advice from Allan I. Bergman (a NEC-TAS consultant with the United Cerebral Palsy Association). Recognizing that approximately one-third of the targeted population for Part H will be eligible for Medicaid, Mr. Bergman encouraged the CICC to review Colorado's Medicaid State Plan and to use the CICC's values base to provide input for policy development and implementation of appropriate Medicaid reforms. As a result, the CICC is working to access funds through EPSDT (Medicaid) and to pull together numerous state and federal programs as part of an overall financial strategy. Especially important are such funding sources as SSI (especially after the Zebley ruling) and the state-funded (through the Department of Institutions) Family Support program. Because these latter programs apply to children of all ages, linking them to the Part H initiatives will help insure continuity of support and consistency of approach for infants as they grow older.

Attached as Appendix B is a list of *Current Sources of Financing to Meet Part H Requirements* that includes programs funded or administered by the four participating state Departments (Education, Institutions, Health, and Social Services) as well federal grants that support programs at universities, hospitals, and parent centers; local and private contributions; and sliding fee scales and third party insurance coverage.

INTERAGENCY AGREEMENTS

A mutual goal of the four Departments (Education, Health, Institutions, and Social Services) has been to develop and implement an appropriate statewide, comprehensive, coordinated system of early intervention services and supports for all eligible infants and toddlers from birth through two years of age with developmental delays or at-risk as defined by the CICC. The commitment to this goal is evidenced by the acceptance of funds in the Part H Federal Grant program.

An "Interagency Memorandum of Understanding Regarding Implementation of P.L. 99-457, Part H" was signed in February 1990. However, since the signing of this preliminary document, the intended outcomes, mutual objectives, operating principles, financial responsibilities, and procedures for resolution of systemic disputes have been clarified. In April 1992, all four Departments signed a new memorandum, greatly expanded in intent and purposes, entitled "Memorandum of Understanding Among the Colorado Departments of Health, Institutions, Social Services, and Education for the Implementation in Colorado of Part H of the Individuals with Disabilities Education Act" (see copy of this signed agreement, attached as Appendix C).

OTHER ACCOMPLISHMENTS

In addition to mandated activities, the CICC's other accomplishments have been many, some of which will be listed here. Taken together, they have led to nationwide recognition of Colorado's leadership role in values clarification, policy formulation, parent/professional teamwork, community monitoring by peer review (CISR), statewide supports (C-TASC and CO*NECT), emphasis on natural supports, community-based collaborative child identification process, and community development. As a result, Colorado should be one of the first ten states to be approved for Year V participation in Part H.

Some selected accomplishments include:

1. Elected an Executive Committee (EC) in Fall 1990 to expedite decision-making during the implementation phase. The EC (two Co-chairs and four elected members) worked closely with Colorado's Part H Coordinator, Dianne Garner, and met approximately twice a month by telephone conference call and three to

four times per year in person. The EC established guidelines for more efficient and productive meetings based on the recognition that members' time and energy are valuable commodities.

2. Linked with many state initiatives recommended by the Policy Academy on Families and Children at Risk. Key among these are (1) the Governor's Commission on Families and Children, to which CICC Co-chair Boyce Drummond was appointed as the CICC representative, and (2) the Family Center project (to which the CICC was a financial contributor) initiated by the Governor's Office as part of Colorado's Strategic Plan for Families and Children.

3. Established an active and effective Legislative Policy Subcommittee that reviewed and evaluated legislative changes that affect children and family issues. Key among the Subcommittee's accomplishments were (1) preparation of draft legislation for a new infant/toddler section to SB 133 and negotiation with the Department of Developmental Disabilities (DDD) to have most of the CICC's recommendations included in SB 133, (2) significant input (based on CICC values) into the Case Management Rules and Regulations for the DDD, (3) input into the Family Support Bill, and (4) passage of the Pre-school Bill (a requirement of continued participation in Part H), which provided opportunities for the CICC to influence the shift of DDD preschool money to services for infants and toddlers. In addition, Senator Pat Pascoe was appointed to the CICC to provide an active liaison to the legislature.

4. Completed a greatly expanded and comprehensive State Interagency Agreement that was signed by the Departments of Education, Health, Social Services, and Institutions in May 1992 (see Appendix C).

5. Established a "Think Tank" to evaluate procedural safeguards to protect the basic rights of children and families who are affected by Colorado's early intervention system. The Procedural Safeguards Think Tank members analyzed national policy papers, reviewed several other states' documents, and interviewed parents and other representative stakeholders before submitting a draft policy statement to the CICC, which in turn relayed its final recommendations to the Lead Agency for incorporation into the Year V application for Part H participation.

6. Implemented an innovative Community Development model based on interagency collaboration that has proved the turning point for successful implementation of an effective statewide system of services and supports for infants and toddlers with developmental delays and their families. By funding capacity building in 15 major communities in the state, this model has positively affected 92 percent of Colorado's population. The remainder of the state's population, scattered over 36 counties, will be reached by linking the Community Development Model with other CICC-sponsored statewide

supports, including C-TASC (which produces community self-evaluation tools), CISR (which provides peer evaluation of community services and supports), and CO*NECT (which links communities with ICC, TAG, C-TASC, and CISR efforts after community self-evaluation and provides technical assistance for systems change). The goals of the Community Development Model are (1) increased real collaboration between parents and providers, (2) collaborative use of natural supports as well as agency services, and (3) cooperative learning among communities. The dynamic interrelationship between the Community Development Model and the Statewide Support system are presented diagrammatically in Appendix D.

7. Completed all requirements for Year IV of Part H participation and prepared Colorado's application for Year V participation in Part H, with approval by the Colorado State Board of Education and favorable advance comments by the United States Department of Education.

8. Offered the Part H Interagency Agreement as a model of agency collaboration to Colorado's Cabinet Council, which, along with the Governor's office and the legislature, is struggling to reorganize state government along more collaborative lines.

9. Continued leadership training of parents of children with disabilities and self advocates through the Partners in Leadership program.

10. Improved state and local collaboration among service providers.

11. Continued the close and effective working relationship between the Lead Agency and the CICC.

12. Received strong support from the Governor's office for CICC efforts and initiatives.

13. Continued to create an atmosphere of positive change throughout the state.

REASONS FOR SLIPPAGE IF ESTABLISHED OBJECTIVES WERE NOT MET

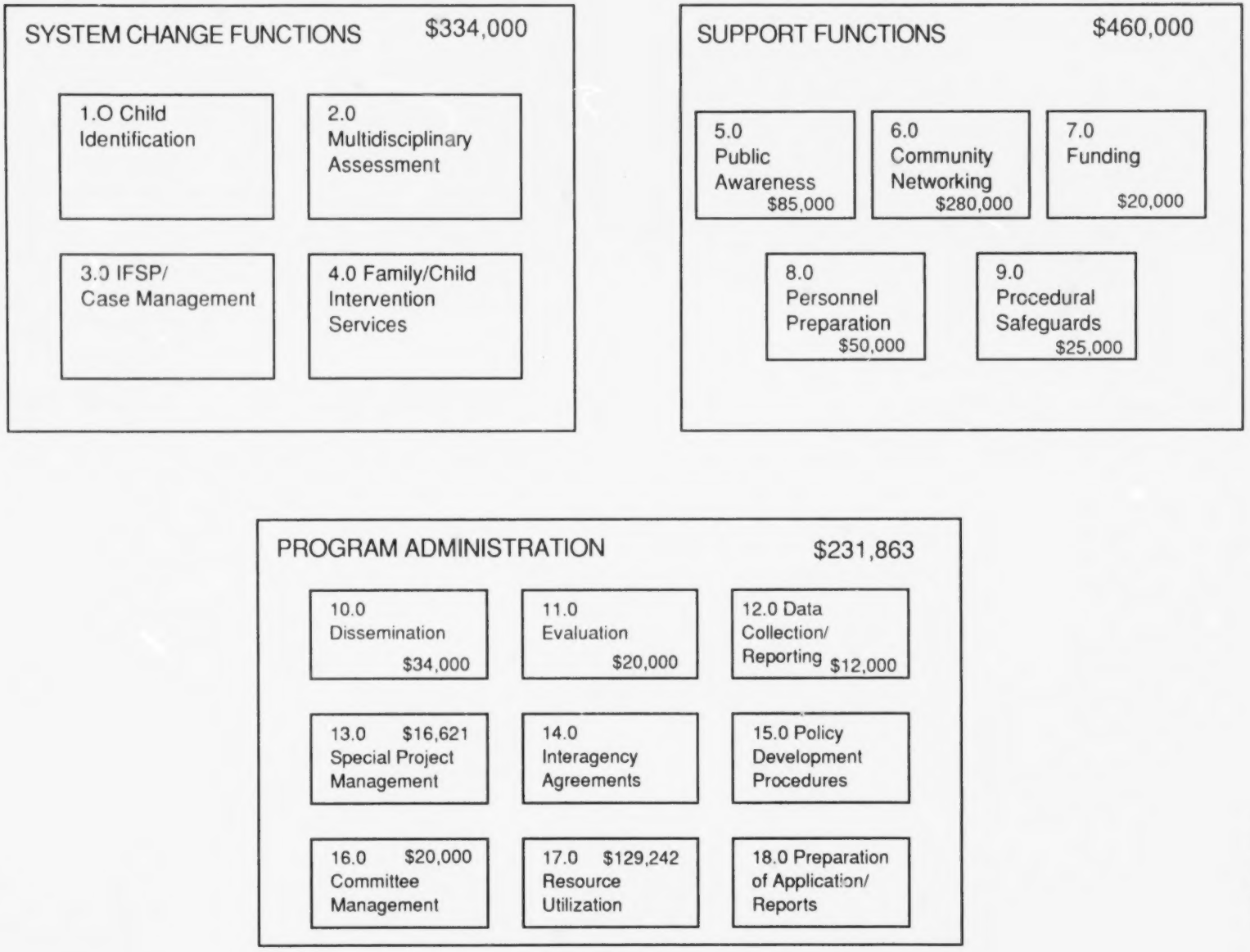
All objectives for Year IV were met by the Lead Agency and the CICC. The Federal reporting requirement has been more difficult than expected, but Dr. Robert Sheehan is providing consultative assistance to Colorado. He is currently analyzing computer tapes from the four state agencies to develop a front-end system that will meet the federal reporting requirements (for details see section 13 "Data Collection" above), a process that has taken much longer than anticipated.

DESCRIPTION OF USE OF PART H FUNDS

There were no significant departures from the Budget submitted with the Year IV application. Expenditures were as follows:

System Change Functions	$334,000
Support Functions	$460,000
Program Administration	$231,863

See chart on following page.



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21

Colorado Interagency Coordinating Council

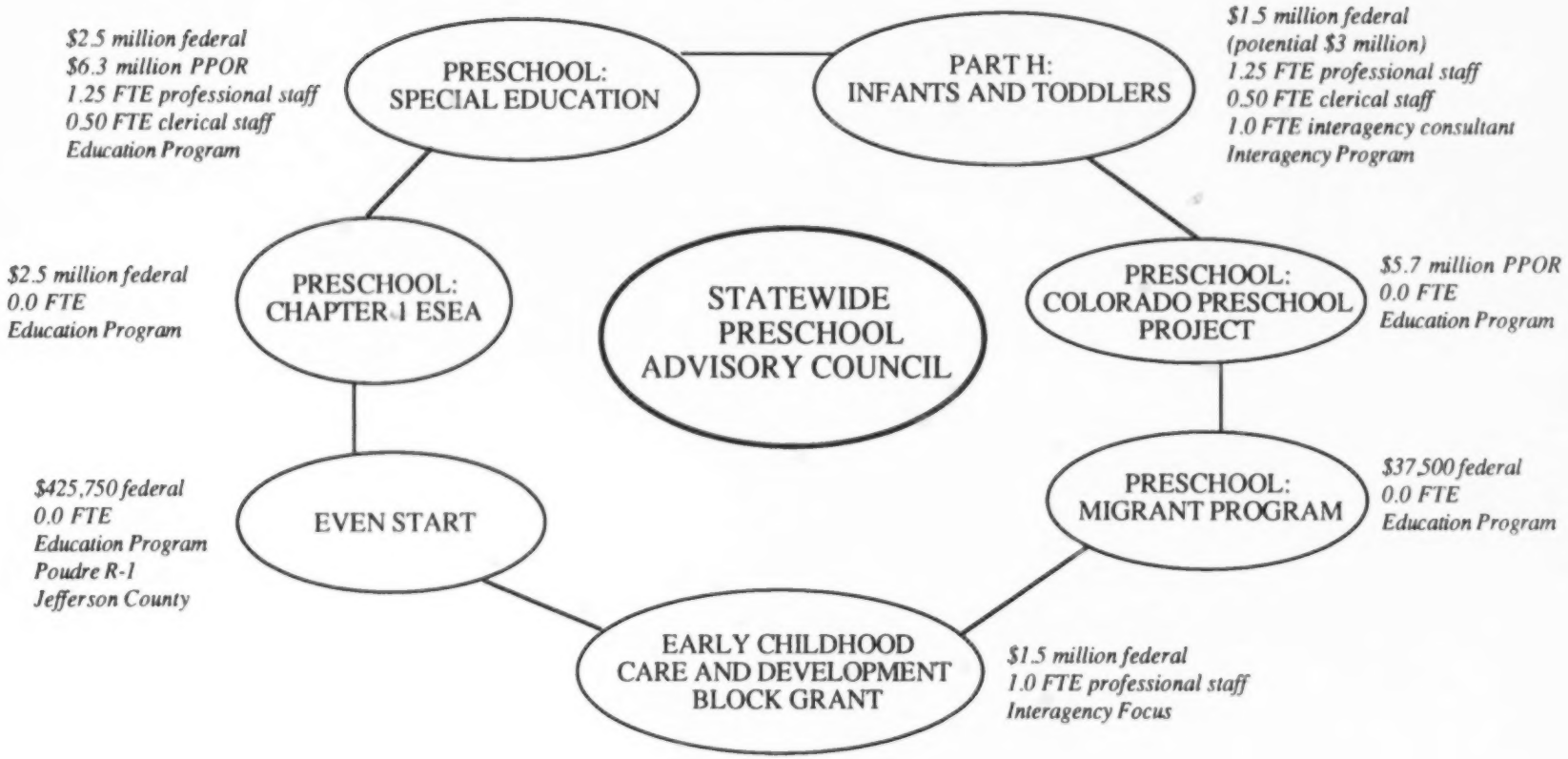
Part H Budget, 1990-92

$1,025,863

22

APPENDIX A

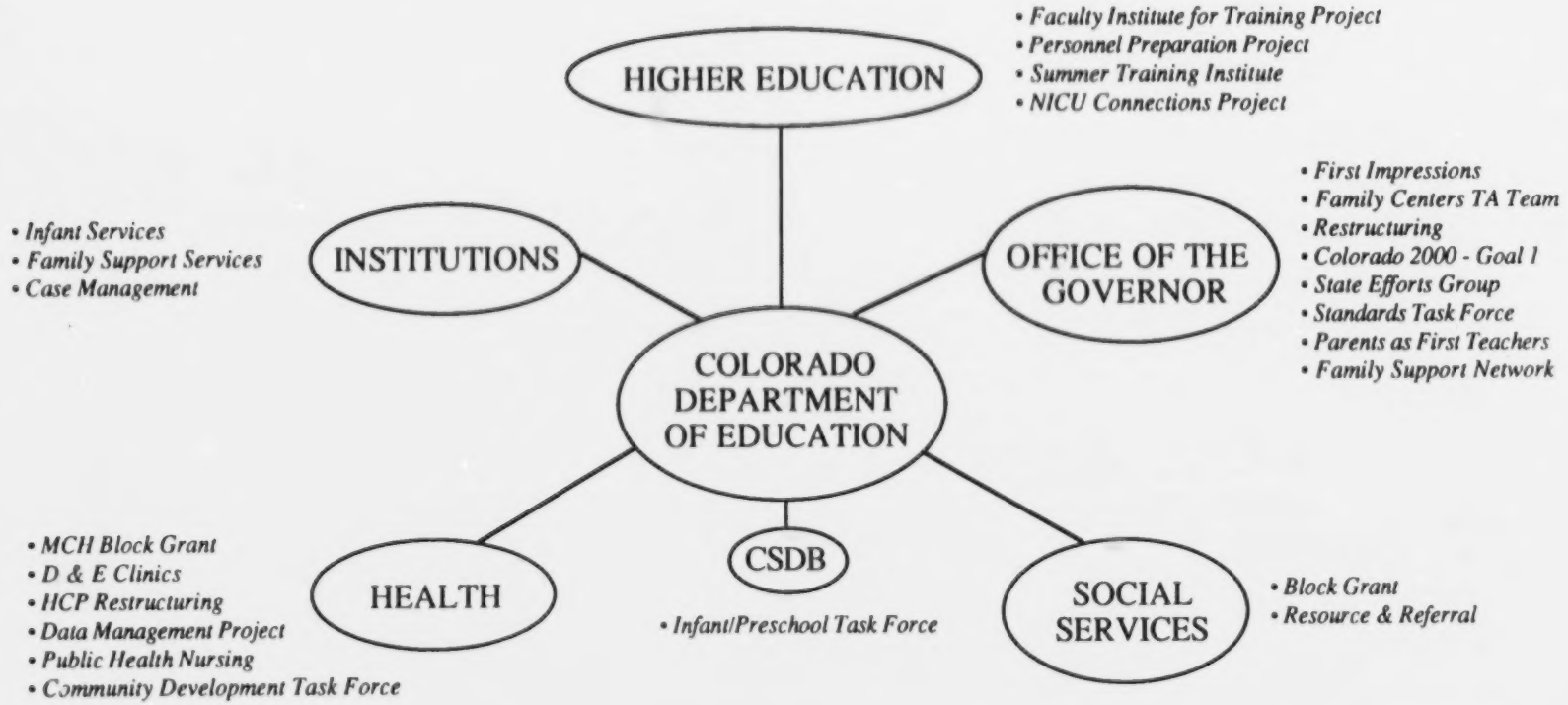
CDE
EARLY CHILDHOOD INITIATIVES



TOTALS

DOLLARS:	STATE	$12.0 MILLION	STAFF:	5.5 FEDERAL
	FEDERAL	8.5 MILLION		
		$20.5 MILLION		

EXTERNAL
EARLY CHILDHOOD INITIATIVES



APPENDIX B

CURRENT SOURCES OF FINANCING TO MEET PART H REQUIREMENTS

I. DEPARTMENT OF EDUCATION

Part H allocation for 1990
Part H allocation for 1991 and 1992

Chapter 1 Handicapped

Child Find under P.L. 94-142
D & E clinics under P.L. 99-457
HCP Health Dept under P.L. 99-457

II. DEPARTMENT OF INSTITUTIONS

CRS 2710.5 allocation for infant services
Family Resource allocation for infants

Current allocation for preschool that will be unobligated after FY 1991

III. DEPARTMENT OF HEALTH
(combination of federal MCH Block Grant and state funds)

Well Child Clinics
Handicapped Children's Program
D & E Clinics

IV. DEPARTMENT OF SOCIAL SERVICES

EPSDT/Medicaid
Child Care Block Grant

V. OTHER FEDERAL GRANTS

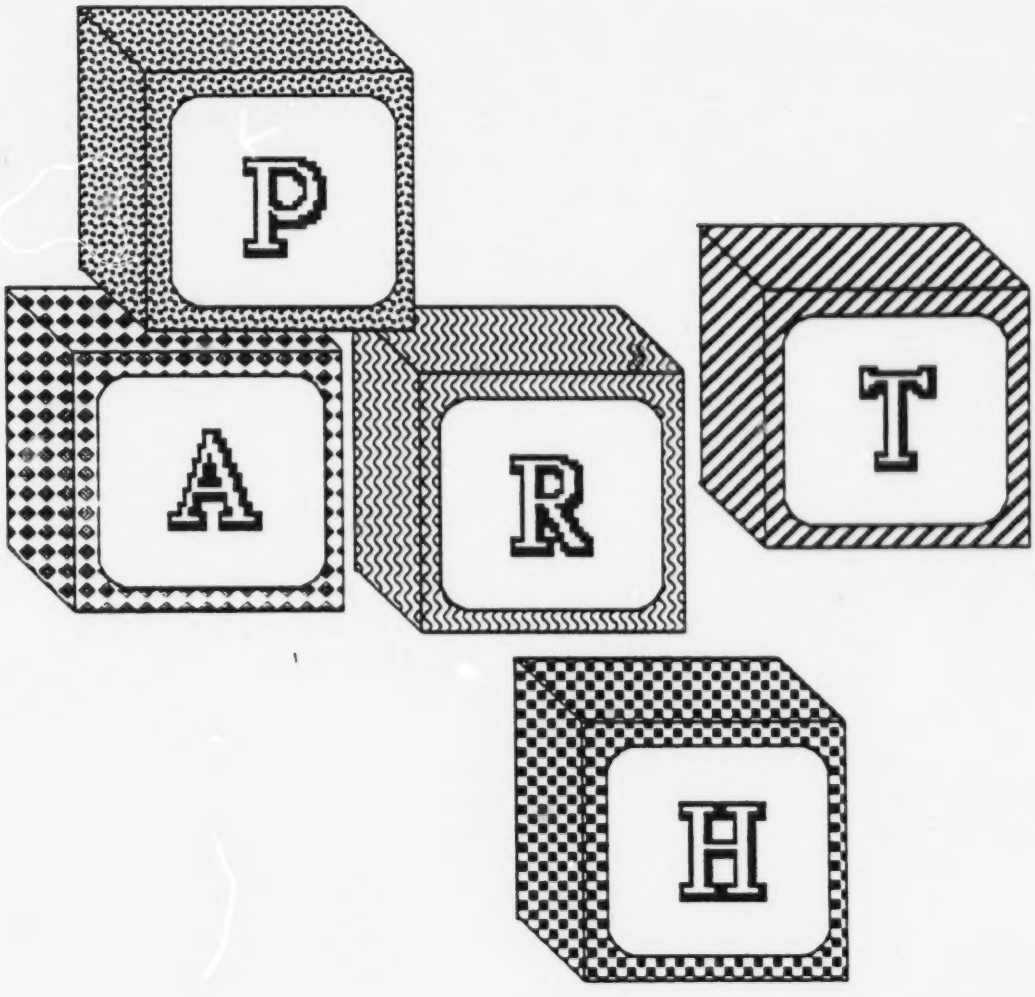
Personnel Preparation: UCD, DU, UNC and JFK
Child Care and early intervention: JFK
Parent training: PEAK Parent Center

VI. LOCAL AND PRIVATE CONTRIBUTIONS

VII. SLIDING FEE SCALE AND THIRD PARTY INSURANCE

APPENDIX C

MEMORANDUM OF UNDERSTANDING AMONG the COLORADO DEPARTMENTS OF HEALTH, INSTITUTIONS, SOCIAL SERVICES, AND EDUCATION for the IMPLEMENTATION in COLORADO of PART H of the INDIVIDUALS WITH DISABILITIES EDUCATION ACT



MEMORANDUM OF UNDERSTANDING
AMONG the COLORADO DEPARTMENTS OF HEALTH, INSTITUTIONS, SOCIAL SERVICES, AND EDUCATION for the IMPLEMENTATION in COLORADO of PART H of the INDIVIDUALS WITH DISABILITIES EDUCATION ACT

I. STATEMENT OF COMMON PURPOSE

This Agreement among the Colorado Departments of Health, Institutions, Social Services and Education relates to the implementation of Part H of the Individuals with Disabilities Education Act (IDEA) in Colorado.

It is the mutual goal of the agencies to develop and implement an appropriate statewide, comprehensive, coordinated system of early intervention services and supports for all eligible infants and toddlers from birth through two years of age with developmental delays or at-risk as defined by the Colorado Interagency Coordinating Council. In keeping with the intent and requirements of the law, this agreement documents interagency coordination and collaboration under the administrative leadership of the Departments involved.

State departments have authority to manage service delivery through contracts, grants, policies and procedures, or regulations. It is the intent of this Agreement to assure the following:

A. The development of an interactive, cooperative relationship at the State level to minimize duplication of services and supports and to assist local communities to develop cooperative relationships which result in effective and efficient services and supports for eligible infants, toddlers and their families.

B. Cooperative fiscal planning will maximize utilization of available funds in providing services and supports to the eligible population of infants and toddlers with developmental delays and their families.

II. AUTHORITY FOR AGREEMENT

Colorado is committed to developing and implementing a coordinated, comprehensive, interagency service and support delivery system for all eligible infants and toddlers with developmental delays. This commitment is evidenced by the acceptance of funds in the Part H Federal Grant Program. In 1987, Governor Romer appointed the Colorado Department of Education as the lead agency to administer the Part H program at the State level and appointed members to an Interagency Coordinating Council (ICC) to advise and assist the lead agency in the provision of early intervention services and supports.

Federal law and regulations require cooperation between State departments responsible for the administration and/or supervision of both Title V and Title XIX of the Social Security Act. As a condition of receiving federal funds under Part H of the Individuals with Disabilities Education Act (IDEA), States were directed to ensure cooperation among Departments involved in delivering services and supports to infants and toddlers with developmental delays and their families.

The responsibilities and objectives delineated in this agreement are referenced and supported in the following federal legislative statutes:

- Public Law 102-119: Individual with Disabilities Education Act addresses special education and related services for children with disabilities. In addition, Public Law 100-297, Chapter I, funding for Handicapped Children Served in State-Operated and State-Supported Programs, is administered through the Colorado Department of Education.

- Part H: Amendments to Individual with Disabilities Act charges States to develop and implement a comprehensive, coordinated, interagency system of services and supports for infants and toddlers with developmental delays and children at-risk for developmental delays as determined by the ICC and their families to ensure cooperation among departments.

- Public Law 101-476: Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987.

- Title XIX of the Social Security Act (grants to states for Medical Assistance Programs), Section 1902 (a) (11) (A) provides for the entering into cooperative arrangements with the State departments responsible for administering and/or supervising the administration of services to ensure maximum utilization of such services.

- Title V of the Social Security Act, section 505 (2) (E) allows for the participation with other state programs involved with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program carried out under Title XIX to ensure that there is no duplication of effort; in the arrangement and carrying out of coordination agreements described in Section 1902 (a) (11), relating to coordination of care and services available under this Title and Title XIX; in coordinating activities within the State with programs carried out under this Title and related federal grant programs such a WIC, related educational programs, and other health and developmental disability programs.

- Public Law 101-147, Section 17 authorizes a supplemental food program for Women, Infants, and Children. The January 1990 Consolidation of the Child Nutrition Act requires the WIC Program to coordinate with other state programs such as well-child care, maternal and child health care, and medicaid.

- Public Law 101-508 authorizes the implementation of a child care and development block grant. The purpose of this block grant is to increase the availability, affordability, and quality of child care. The plan from Colorado includes the funding for purchase of child care for low-income families, state and local licensing improvement, resource and referral, provider training, early childhood development and school-age programs and provider start-up loan funds.

34 CFR 303.523 requires the lead agency to enter into interagency agreements with other State departments involved in the State's early intervention program.

Therefore, this Agreement is to enable the State departments to cooperate and coordinate as authorized by these Federal statutes and regulations.

III. INTENDED OUTCOMES

The Colorado Departments of Health, Institutions, Social Services and Education serve infants, and toddlers with developmental delays or at-risk for developmental delays. These Departments have committed fiscal and personnel resources to provide a statewide early intervention service delivery system.

It is understood by the parties to this Agreement that these efforts should be sustained and, where possible, enhanced by increased coordination to achieve the goal of statewide accessibility of early intervention services and supports for all eligible infants and toddlers and their families.

Intended outcomes of this Memorandum of Understanding are enhanced and expanded early intervention services and supports through increased coordination and through continued participation in the Federal Part H program.

It is agreed that potential benefits from cooperation among the State departments include the following:

A. Maximum utilization of funds and resources.

B. Increased coordination between Departments in order to minimize unnecessary duplication of effort.

C. Increased collaboration with respect to shared expertise and planning based on the priorities, resources and concerns identified by the families of infants and toddlers with developmental delays or at-risk for developmental delays.

D. Increased ease of access for families seeking services and supports from multiple systems.

E. Increased satisfaction of families with respect to early intervention services and supports.

IV. MUTUAL OBJECTIVES

It is agreed by the parties to this Memorandum of Understanding that each will support the attainment of the following mutual objectives at the State and local level through contracts, grants, policies and procedures or regulations.

- To provide coordinated, interagency evaluations to determine eligibility for Part H of infants and toddlers at no cost to the families.

- To provide service coordination which means the activities carried out by a service coordinator to assist and enable an infant or toddler eligible under this part and the child's family to receive the rights, procedural

safeguards, and services and supports that are authorized to be provided under the State's early intervention system of services and supports at no cost to the families.

- To provide eligible infants and toddlers with an Individualized Family Service Plan developed in cooperation with the family and at no cost to the family.

- To provide eligible infants and toddlers with appropriate and necessary services and supports as identified on the Individualized Family Service Plan utilizing available public and private funding sources, including sliding fee scales.

- To recognize and support family members to be active participants in the development and implementation of their child's Individualized Family Service Plan.

- To support family members to be active participants at all levels of the development and implementation of the statewide, comprehensive, interagency service and support delivery system.

- To share information about eligible infants and toddlers to the extent necessary and consistent with the confidentiality requirements of this part in order to get accurate and unduplicated counts for the U.S. Office of Special Education Programs for the Federal reporting requirements.

- To provide coordinated training and technical assistance as appropriate for parents and service providers across Departments.

- To provide information, names of resources, and referral about services and supports to a statewide central directory in order to provide an information and referral service for families and service providers.

- To provide technical assistance in the establishment and maintenance of local interagency coordinating councils concerned with early intervention services and supports.

V. VALUES BASE FOR THE SERVICE AND SUPPORT DELIVERY SYSTEM

The basic values that should drive services and supports for eligible infants and toddlers and their families are:

- View children and families from a capacity model rather than a deficit model;
- Concentrate on the identified needs of the child within the context of the family;
- Empower parents as active and equal partners in the decision making processes;
- Provide choices and options of services and supports to children and families that are in natural environments, including the home and community settings in which children without disabilities participate; and
- Utilize existing resources in creative and flexible ways that are responsive to individual community differences.

VI. OPERATING PRINCIPLES FOR THE SERVICE AND SUPPORT DELIVERY SYSTEM

The following principles encompass the components delineated in Part H of IDEA for the implementation of the coordinated, statewide, comprehensive, interagency early intervention system of services and supports.

A. Family Involvement

Families hold the primary responsibility for nurturing the development of their children. The best interests of children are served when parents and professionals work in partnership. Therefore, services and supports should be responsive to resources, priorities and concerns of families and accommodate families rather than families accommodating the services. Families shall be actively involved in and informed of all aspects of the Part H service and support delivery system.

B. Child Identification Process

The child identification process is a proactive, well-publicized, on-going, and easily accessible process that is sensitive to the integrity of the family. The child identification process is a collaborative, community directed, interagency effort to locate, evaluate, and identify infants and toddlers with special needs and to assist families in accessing community resources and early intervention services and supports.

The child identification effort will be coordinated with other major efforts conducted by departments to locate and identify children.

C. Interagency Cooperation and Coordination

The varied and unique needs of families with infants and toddlers with developmental delays or at-risk for delays have created a need for the development and implementation of a system of multiple service and support approaches.

In enacting Part H, Congress made clear that the success of the program is dependent upon interagency coordination, both in providing and paying for appropriate early intervention services and supports. It was recognized that no one agency would ever be able to deliver the full array of services and supports that may be described in the Individualized Family Service Plan. Each agency offers its own unique set of skills, experiences and expertise. The scope of the Part H delivery system requires that eligible infants and toddlers and their families have easy access to the services and supports offered by all agencies. Therefore, interagency coordination is essential at the State and local level.

D. Natural Environments for Services and Supports in the Local Community

Families and their children should have access to natural environments for services and supports in their community. This principle of community-based services and supports will be sought by all agencies. To the greatest extent

possible, the family will have a choice for their eligible infant or toddler to receive services and supports in settings with other children of his or her age and in which children without disabilities participate.

E. Non-supplanting of Funds

According to 34 CFR 303.124, Part H funds are to to be used to supplement and increase the level of State and local funds expended, and in no case to supplant State and local funds. Sec. 681(b) , Part H specifies that a state cannot reduce medical or other assistance available or alter eligibility under Title V of the Social Security Act or Title XIX within the State. Accordingly, the parties to this agreement assure continued provision of available resources to deliver early intervention services and supports to infants and toddlers with developmental delays and their families insofar as they have control over these resources.

VII. FINANCIAL RESPONSIBILITY

Evaluation and service coordination will be provided to eligible infants and toddlers without imposing fees on the families. Also fees will not be charged for staff time related to the development of the Individualized Family Service Plan (IFSP). Fees may be charged for other services and supports in accordance with State statutes and agency regulations.

The parties to this agreement recognize that many of the following programs are operated under a diverse set of State and federal regulations. The Departments involved in this Memorandum of Understanding assure that funds available under Part H, will be used to supplement and increase the level of services and supports and shall in no case be used to supplant state and local funds, insofar as Departments have control of such funds.

Colorado Department of Social Services will finance and provide:

- the physical screening examination portion of evaluations for Medicaid eligible children birth through two under the EPSDT Program. The screening examination portion of the evaluation includes physical health, vision, hearing, dental, gross motor, fine motor and nutrition;

- specific procedures for providers of EPSDT screening services to identify health problems that may require intervention and convey the evaluation outcomes and recommendations for incorporation into the Individualized Family Service Plan;

- services for which federal financial participation is available whether or not such services are included in the Colorado State Medicaid Plan, that are identified as medically necessary services as a result of an EPSDT screening. These medically necessary services (as a result of an EPSDT screening) will then be included as a part of the Individualized Family Service Plan for EPSDT participants;

- collaboration in the development of quality models that serve children with development delays in early childhood development programs and in the provision of training for child care providers and workers to ensure

children with developmental delays have access to natural environments such as child care centers where children without disabilities participate; and

- adherence to federal guidelines regarding use of Child Care Block Grant monies for special needs populations in order to implement a coordinated, comprehensive system of services and support for families with infants and toddlers with developmental delays.

Colorado Department of Institutions/Division for Developmental Disabilities will finance and assure that designated service agencies:

- provide service and support coordination, early intervention services and family support services to children eligible pursuant to CRS 27-10.5;

- coordinate with the local interagency effort regarding outreach, identification, screening, and multidisciplinary assessment, and eligibility determination for families served by the community centered boards who request such services;

- use available funds, public and private, as appropriate to develop and achieve the provision of services and supports for eligible infants and toddlers as described in the Individualized Family Service Plan; and

- collaborate in the development of an early intervention system of services and supports that will provide choices and options for families with infants and toddlers who have developmental delays or at-risk for developmental delays for the identified services and supports to be delivered in natural environments, to the extent possible, where children without disabilities participate.

Colorado Department of Health will finance and provide:

- consultation, assessment, specialty medical care, and service coordination services to children with special health care needs through the Colorado Handicapped Children's Program/Children with Special Health Care Needs;

- age appropriate preventive health services through local health agencies to assist in the reduction of risks for childhood injury and disease;

- comprehensive, age-appropriate preventive and acute care services for eligible infants and toddlers;

- service coordination activities to infants and toddlers eligible for their services and will participate in the development of an Individualized Family Service Plan for these children;

- the use of available funds, public and private, as appropriate to develop and achieve the provision of services and supports for eligible infants and toddlers as described in the Individualized Family Service Plan;

- interagency developmental-evaluation clinic services to children and their families and participate in coordinated child identification processes, when appropriate; and

- health assessments, nutritional counseling and provision of a specific foods to maximize the optimal nutrition status for pregnant and breast feeding women, infants and children to age three through the provision of the Women, Infants and Children Program.

The Colorado Department of Education will finance and provide:

- the coordination of the activities of the Part H system of services and supports which include the development and implementation of policies and procedures for the early intervention delivery system;

- the development of state and local interagency coordinating councils in order to assure the implementation of a coordinated, comprehensive, interagency early intervention system of services supports;

- a central directory of information and referral resources to ensure access to information for families with infants and toddlers with developmental delays;

- a coordinated public awareness initiative with other Departments throughout the State that increases the general public's awareness of the effectiveness, need and availability of early intervention services and supports;

- ensure that each local education agency will assume responsibility for an interagency child identification process to identify, locate, and evaluate infants and toddlers to determine eligibility for Part H services and supports;

- ensure that service coordination activities will be provided to infants and toddlers eligible for services and supports and their families and that the development of an Individualized Family Service Plan will be accomplished;

- the use of available funds, public and private, as appropriate to develop and achieve the provision of services and supports for eligible infants and toddlers as described in the Individualized Family Service Plan;

- technical assistance and training, upon request, to state and local community agencies and organizations to ensure the implementation of Part H within Colorado;

- the development of procedures to compile data required for reporting to the Federal Office of Special Education Programs; and

- the administrations of funds received under Part H for the administration and implementation of the early intervention service and support delivery system in Colorado.

VIII. PROCEDURES FOR RESOLUTION OF SYSTEMIC DISPUTES

Departments recognize the complexity of interagency coordination of a program as comprehensive as Part H of IDEA. The Departments will strive to keep communication open and frequent at both informal and formal levels.

The Colorado Interagency Coordinating Council and the lead agency will function as avenues for open communication among all the agencies providing early intervention services and supports to eligible infants and toddlers and their families.

Procedures for timely resolution of such disputes which are binding upon all the departments signing this Memorandum of Understanding include the following:

- The involved agencies will utilize their internal administrative dispute procedures.
- Discussions will be held at the local level among all the involved Departments and the Part H lead agency, as necessary.
- If resolution is not achieved at the local level, the agencies involved will forward all relevant information to representatives from the Colorado Interagency Coordinating Council and the lead agency. After reviewing all aspects of the issue, the representatives shall make a recommendation for resolution of the dispute. If the resolution cannot be reached by designees of the respective agencies, it will be forwarded to the Governor for resolution.
- During the pendency of a dispute the lead agency shall assign financial responsibility to the appropriate State agency based upon statutory obligation or pay for the services and supports, in accordance with "payor of last resort" provisions in 34 CFR 303.527 and assure that services not in dispute begin and/or continue for the child and family during the period that it takes for the dispute to be resolved.

If, in resolving the dispute it is determined that that the assignment of financial responsibility was inappropriately made, the financial responsibility will be reassigned to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

IX. PROCEDURAL SAFEGUARDS

The lead agency is responsible for the establishment of procedural safeguards to ensure the rights and entitlements of families, as required in the Part H statutes and regulations, are met.

These procedural safeguards include:

- Right to review, correct and supplement records
- Right to prior notice of meetings and information provided in native language
- Parental consent prior to evaluations, IFSP development and provision of services and supports
- Surrogate parents identified when necessary

- Dispute resolution of individual complaints
- Administrative resolution of complaints
  - Parents rights in administrative hearings
  - Timelines and convenience of proceedings
- Right to civil litigation
- Rights of child during proceedings
- Confidentiality of records

X. CONFIDENTIALITY OF INFORMATION

All information as to personal facts and circumstances of the infants, toddlers and their families shall be treated as confidential. The recommended policies governing confidentiality of information are designed to ensure that parents may place limits on the disclosure of personal information about themselves, their child and their family.

The use or disclosure of any information concerning infants and toddlers and their families shall be limited to purposes directly connected with the administration of the agency's programs or provision of services and supports in accordance with the procedures outlined in the procedural safeguard section of the Colorado Part H plan.

XI. TRANSITION

As required by Part H, the Individualized Family Service Plan must address the issue of transition from the early intervention service and support delivery system to preschool programs. It is anticipated that there will be children who receive services and supports under Part H who will not be eligible for special education preschool services. Whether or not a child is eligible for continuing services under special education, the transition should be anticipated and planned for in the Individualized Family Service Plan based on the guidelines described in the Colorado Part H plan.

The agencies shall plan together in order to avoid duplication of evaluations and to facilitate transition from Part H to Part B special education preschool programs or other appropriate services and supports to meet the requirements of the Individualized Family Service Plan.

XII. SUPERVISION AND MONITORING

The Colorado Department of Education as the lead agency is responsible for ensuring that programs and activities receiving assistance under Part H are administered, supervised, and monitored in accordance with Part H.

Since all Departments have compliance and monitoring systems already in place, Part H compliance issues will be addressed whenever possible through already operative systems. The Colorado Interagency Coordinating Council has developed and implemented a Community Infant Services Review process. This

is an interagency peer review process that provides information to local communities concerning their infant and toddler system of services and supports.

The Colorado Department of Education as the lead agency will provide technical assistance as requested to agencies, providers and organizations involved in delivering early intervention services and supports.

XIII. REVIEW OF THE AGREEMENT

This interagency agreement shall be reviewed and updated at any time by mutual agreement of the participating State departments. The review shall be for the purpose of developing new agreements, modifications, clarifications, or provisions deemed necessary. Revisions of an individual program addendum may be made without affecting the terms of the general agreement. This Memorandum of Understanding will become effective after signatures are affixed by the Executive Directors or Commissioner of the State departments. Furthermore, this Memorandum of Understanding shall remain binding on all successors of the signatories to this agreement and the Departments they represent. Termination of this Memorandum of Understanding must be approved by the Governor.

Signatures:

William Lowlace — 1-14-92
Colorado Department of Education — Date

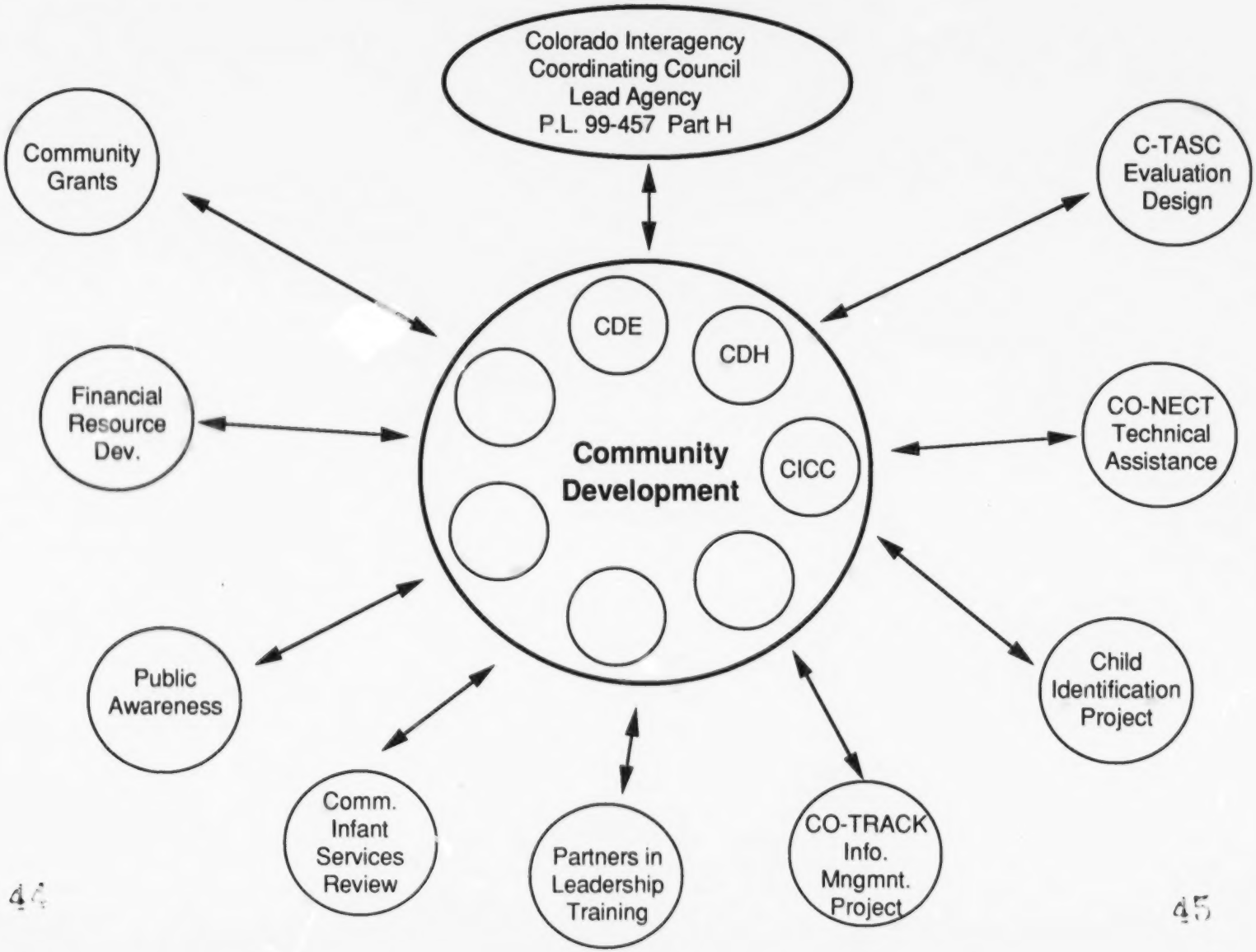
Patricia S. Nolan MD, MPH — 3/11/92
Colorado Department of Health — Date

Barbara McDonnell — 2-7-92
Colorado Department of Institutions — Date

Colorado Department of Social Services — Date

APPENDIX D

Infant/Toddler and Family Services
STATEWIDE SUPPORT SYSTEM



STATE OF COLORADO
Part H: Functions, Structure, etc.